Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06845 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEM 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) delay is and 3 to M3. Page o. COUNTY o. STATE Charles b. COUNTY Charles Maryland MARYIAND Department b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b write RURAL ond give neorest town)
Mt. Victoria after Mt. Victoria d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE haurs Give Pages 1, ON A FARM? Mt. Victoria YES 🔽 NO after death. Office along with with the Sto within 72 h 3. NAME OF 4 DATE Lost Month Dov Year DECEASED Robert 5 16 1966 (Type or print) Morris Brown DEATH with S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS rthdoy) Dovs Hours be executed within 24 haurs male colored WIDOWED DIVORCED eb.21.1900 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Charles County, Md.

14. MOTHER'S MAIDEN NAME Farming Labor poges 13. FATHER'S NAME penci = Don Brown File pup Grace Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. the Chief Medical removal, (Yes, no, or unknown) (If yes give war or dotes of service 220-16-8961 Wife- Nannie C. Brown, Newburg, Md. NO 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic cardiovascular disease 0 This certificate shauld s a burial-tra crematian, c se certificate, writing the ward should be farwarded to the CP DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying cause 90 burial, a nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X pe ţ0 YES 20o. EXTERNAL CAUSE WAS agent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om factory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page Not While of work of work 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Inspection Inquiry Accident deoth resultled from: Notural causes x Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz, 5/17/66 Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 50 5-19-66 Shilo M.E. Cemetery Shilo. Charles Co. . Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15ME (5) Arehart Funeral Home Inc., La Plata, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

AND THE PROPERTY OF THE PARTY O we have the second of the seco 2152 - 9-15-00 - 2010 - 15mapapapa - 1122m, 442024 00., 21. Total Panesal Note Inc., is that is a MAY 2.3 1966 After the party

	10		CERTIFICATE OF DEATH	RE 1, MAI	RYLAND
=	F 24		USSUS CERTIFICATE OF DEATH		06839
after death.	s I and 2	1.	PLACE OF DEATH a. COUNTY Charles  2. USUAL RESIDENCE (Where deceased lived, If ins a. STATE b. COUNTY MARYLAND Maryland Char	inv les	
S	S S S S		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ite RURAL and	d give nearest town)
Jnor	in .		Marshall Hall 29 40 Marshall Hall	- 6	) / /
n 24 hours	y filled papers thin 72 l		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		ON A FARM?  YES NO
1 withi	npletel carbon ent, wil		NAME OF Charles Daniel Busey Last 4. DATE Montr OF DEATH 5-6-1	966	Day Year 19
executed within	n and completely filled remove carbon papers n any event, within 72		Male W-US WIDOWED DIVORCED 5-31-1903 last birthday)	Months   Da	
	the attending physician it permit. Then please ration, or removal, and in	dur	I. USUAL OCCUPATION (Give kind of work done in mountry ling most of working life, even if retired)  inter (Retired) Newspaper  FATHER'S NAME  14. MOTHER'S MAIDEN NAME	US.	ZEN DF WHAT NTRY? A
ifica	g ph en ova	13.			
cert	Th	15	William Busey Eva Young . WAS DECEASED EVER INU.S. ARMED FORCES?   16. SDCIAL SECURITY NO.   17. INFORMANT Address	20	
leath	e atter ermit. on, or	(Ye	S. no. or unkown) ((If yes give war or dates of service))	rshal	1 Hall M
e d	d by the are reading to the are cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	L	NTERVAL BETWEEN ONSET AND DEATH MME diate
at =	ician. led by t transit I, crema		PART I. DEATH WAS CAUSED BY: Coronary Occlusion	L1	mmediate
res th	g physician in signed to burial-trar		Conditions, If any, which DUE TO Upper Respiratory Infection-Viral		2-Mths.
requi	ttending p has been as the bi prior to b		gave rise to immediate cause (a), stating the underlying cause last.  DUE TD		
The law requires that the death certificate be	al or attending physician. Ificate has been signed b for use as the burial-tran Health prior to burial, cre	CATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED?
PHYSICIANE	the hospital or att r this certificate his detached for use it Dept. of Health p	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II or	f Item 18.)	
NG PHY	d by the After this d be deta e State De	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town)   4	(County	
TTENDI	Tok: A Should th the S		21. I certify that (I) (this hospital) attended the deceased from 3-1-1966, 19 to 5-6-196 saw the deceased alive on 5-66 19 , and that death occurred at 3-30 Picom the causes	and on the	date stated above
	y be re DIREC age 3 iled wil		\$2a. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE	
HOSPITAL	e 4 may INERAL I ctor, pag ild be fil		PHYSICIAN'S NAME (Type) James E. Andrews MD 22d. ADDRESS Indian Head Md		
TO HO	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a	REBUT SET 5/10/1966 St. Barnabase Cemetery Lrland, P	rimce	Geo., Md
	0		FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RI		
V	R AI5 (4)	A	rehart Funeral Home, IncLa Plata, Md. MAY 11 1966   gclu	arles J	noge

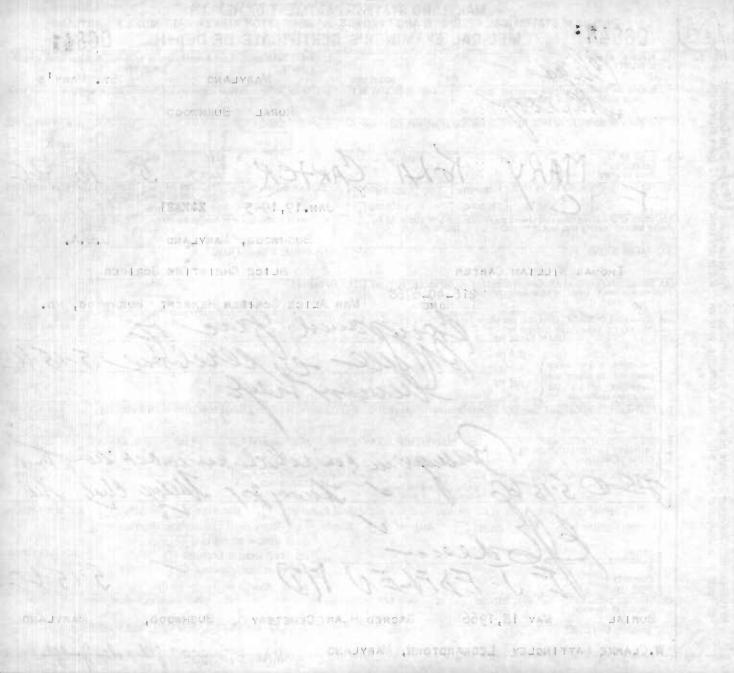
MARYLAND STATE DEPARTMENT OF HEALTH

Men and the state of the state outel //10/1900 St. narmadous Cometery brians, reince wer, de. Library Function Home, inc. -Lt 11 au, . L. 11 1866 - 92 ave Back

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY hours b. COUNTY Charles Maryland Charles by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Issue (Rural) 24 (Rural Issue Issue 5 Pages wifhin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE papers. Pagin 72 hours ON A FARMI NO Sympletely executed 3. NAME OF First Middla 4. DATE Month Day Year DECEASED OF 26 1966 LOWNDES BUTLER (Typa or print) Mav DEATH e carbon vent, with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8 last birthdey) Months Hours 26,1893 February Male WIDOWED A Negro DIVORCED certificate physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 0 done during most of working life, avan if retired) remo Charles County , Md. U.S.A. any Farming Laboror 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME death e attending properties 2. James H. Butler Julia (Unkown) 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Addrass the removal (Yas, no, or unkown) | (Ifyasq | va war or dates of sarvica) Lewis-Niece-Newburg , Maryland No requires that attending physician. permit. 1B. CAUSE OF DEATH [Enter only one cause per line ONSET AND DEATH Monloais 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit purial, cremation, cremation, DUE TO Conditions, if any, which gave risa to immediate causa DUE TO (a), stating the underlying cause last. the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? 38 NO A use prior 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) DIRECTOR: After ..... 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (Steta) factory, street, offica bldg., atc.) While Not While Hour a.m. at work at work p.m. 1996, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 5 - 2.3 - , 19.66 .19.66, and that death occurred at 34.M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 M.D. HOSPITAL page with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. (State) REMOVAL (Spacify) D # 3 OH Holy Ghost Cemetery Issue . Maryland Buria, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)-Plata Md. Home Inc - La 20M 5-63

35 724 60 67 . n.c. U .bm , would be self-self NEW (MYSANU) SKING W 220ml - 120ml St. 120ml St durial 5/28/19:5 Holy Whost Cometery Ladys , Maryland May Aresar, Sugeral Some, Inc. - La Plata, Mc. MIN " 1966 Frank Judge

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. STATE b. CDUNTY ST. MARY 6 MARYLAND MARYLAND any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be Department after death. b. CITY DR TOWN of outside corporate limits, write RURAL and give nearest town c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL Вивниоор d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? State hours YES X 00 ND 3. NAME OF DATE Month Day Year DECEASED DEATH (Type or print) ±--AGE (In years | IFUNDER 1 YEAR Jast birthday) | Months | Davs IF UNDER 24 HRS 5. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 24 hours after death. If It is like Pages 1 Office along with form Hours WIDOWED DIVDRCED ! JAN. 19. 1945 l and event BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR CDUNTRY? during most of working life, even if retired) BUSHWOOD, MARYLAND U.S.A. any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALICE CHRISTINE SCRIBER THOMAS WILLIAM CARTER File 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? | 16. SDCIAL SECURITY ND. (Yes, no, or unkown) | (If yes give war or dates of service) 216.40-6768 Address 17. INFORMANT AL EXAMINER: This certificate should be executed within 29 the certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's 0 permit. I MRS ALICE SCRIBER HERBERT Bushwood, MD. NONE No INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) DNSET AND DEATH PART 1. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the O ed as a burial, underlying cause last (c) WAS AUTDPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM WAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION used to buil ND should be DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS 20b/ PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 shou (CHOor town) (County) (State) 20e. PLACE OF INJURY (Home, farm, I 20f. 20d. INJURY 20co JIME DE JINJURY Month, Day, Year factory, street, office bldg., etc. HOUP-Not While CTOR: Page designated at work and in my ppinion 21. I certify that I took et ge of the remains described above, held an Autopsy Inspection FUNERAL DIRECTOR: Undetermined manner Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER for your 4 please execute director. Page 4 retained for your DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEFUTY MEDICAL EXAMINER Health **EXAMINER'S** divess (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23b. DATE THEREDE 00 REMOVAL (Specify) RY BUSHWOOD MARYLA REC'D BY REGISTRAR'S SIGNATURE SACRED HEART CEMETERY May 18, 1966 MARYLAND BURIAL 24. FUNERAL DIRECTOR VR A15ME W.CLARKE MATTINGLEY LEONARDTOWN. MARYLAND Muzilly 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06849 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY D.C. death. Charles MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corparate limits, write RURAL and give nearest town) and write RURAL and give nearest town) after Rural - Marshall Hall d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS haurs in Item 18. Give Pages 1, with the Sto within 72 h 3. NAME OF First Middle Doy Year DECEASED (Type or print) Randal1 14 19 66 CRISLIP DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED HEVER MARRIED lost birthdoy) Months Days WIDOWED DIVORCED 24 haurs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired) lumber pages in any the certificate, writing the ward "pending" in pencil is 4 shauld be farwarded ta the Chief Medical Examiner, 13. FATHER'S NAME .AL EXAMINER: This certificate shauld be executed within File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor or dotes of service 16. SDCIAL SECURITY ND. 17. INFORMANT ar removal, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: NTERVAL BETWEE burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Asphyxia used as a burial-tr burial, crematian, DUF TD Carbon monoxide poisoning Conditions, if ony, which gove rise to immediate couse (a). DUF TD stoting the underlying couse 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO YES agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should Inhaled CO exhaust gas from car CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) ? Hour o.m. Not While 1066 s fragtesyes freet, office bldg., etc.) Highway near Marshall Hall may be retained tat yuur FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident . Hamicide 🗍 Undetermined manner CHIEF MEDICAL EXAMINER TO DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER K SIGNATURE D O DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 5/15/66 Rudiger Breitenecker NAME OF CEMENERY OR CREMATORY BURIAL, CREMATION (County) 0 REMOVAL (Specify) UNERAL DIRECTOR 260. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

Agent Access 328 31 VAM

34330

12		Division of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARYLAND	21201
R STATE		06850 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	06843
LTH DERIK		PLACE OF DEATH  o. COUNTY  Charles  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Re o. STATE Maryland Charles	sidence before admission)
PM3. Pagartment fiter deat	M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  arbury Md  22-Years	c. CITY OR TOWN (if outside corporate limits, write RURAL and Marbury Md	d give nearest tawn)
0.0		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO.
e St 72		NAME OF DECEASED Earl M. Crismond Middle	Lost 4. DATE OF 5-1-66	Doy Year
with with	S	SEX 1e 6. WOLONG RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED A	8. DATE OF BIRTH  6-5-1910  9. AGE (In years   IF UN hont	NDER 1 YEAR   IF UNDER 24 HRS. ths Doys Hours Min.
ges land 2 any event	dur Pe	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  Inter  Building	11. BIRTHPLACE (Stote or foreign country)  Alexandria, Va.	2. CITIZEN OF WHAT COUNTRY?
page in a	13.	FATHER'S NAME Otis Crismond	14. MOTHER'S MAIDEN NAME Lizzie Rawlet	
	15. (Ye		INFORMANT Address M. Father-Otis Crismond, W. S.	arbury Md
tarwarded to the Chief Medical used as a burial-transit permit. I burial, crematian, ar remaval,		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Coronary Occlu	asion	ONSET AND DEATH
a burial-transit permit. crematian, ar remaval,		420/ Conditions, if ony, which gove DUE TO Generalised An	rterio Sclerosis	Indefini
as a I, crei		rise to immediate couse (a), stating the underlying couse lost.		
be used as ta burial, o	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
auld	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	. (Enter nature of injury in Port I or Port II of item 18.)	
age 3 sh agent,	MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
IRECTOR: Podesignated		21. I certify that I taak charge of the remains described above, he death resulted from: Natural causes	eld an Autopsy 🔲, Inspectian 🔀 Inquiry 🛣 icide 🗍, Hamicide 🗍 Undetermined manner	mark.
5 may be retained far yor <b>D FUNERAL DIRECTOR:</b> Pag Health or its designated a		ACTUAL SIGNATURE OF THE STORY	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
5 may be retained far your TO FUNERAL DIRECTOR: Page Health or its designated age			DEPUTY MEDICAL EXAMINER TO HARD HEAD (11) Dive, or county)	5-1-66
TO FI	B	BURIAL (RÉMATION, REMOVAL (Specify)  23b. Date thereof 23c. NAME OF CEMETERY OR Park Hill	Marhum Char	(County) (Stote)  les Co., Md.
A 15ME (5)		rehart Funeral Home Inc. La Plate	a Md. 25g. RECID BY REGISTRAR 25b. REGISTRA	les Judge

Present the state of the state of the same of the same 547 7734062611, som Mat 11704-1177 9735-10-6921 And the second s .b., .co solvato, graves. Limitation of the limit. Mar of 1966 Wearter Courses Lester Condens Home Inc., La Flace, L.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions, Residence before admission) and b. COUNTY e. COUNTY MARYLAND CITY OR TOWN (If outside corporate Jimits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 rite RURAL and give nearest tow 2 e da d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE STREET ADDRE ON A FARM? hours 00 YES T NO D 3. NAME OF First Middle DATE DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED AGE (In yaers AF UNDER I YEAR IF UNDER 24 HRS lest birthdey Months Hours WIDOWED A DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ove man FATHER'S NAME 13. death pleas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), STEWEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geva rise to immediate ceuse DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED use 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stata) 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) atjended the deceased from 5/22 1966 to 5/25, 1966 that (1) (we) last saw the deceased alive on..... 22a. SIGNATURE ATTENDING \_ STAFF DIRECTOR PHYS. M.D. HOSPITAL page with t death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed v CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF 256. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

-03830 as Abrigo at the second of the contract of the THE THE WORK STATE AND THE STATE OF THE STAT Trent to daying the I would be to the total There is the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY and 3 ta Page Charles of South Carolina death. MARYLAND delay Department b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)

La Plata c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) after Hartsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS alang with farm haurs Give Pages 1, LaPlata Hospital YES [ NO 3. NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED May Gus Haney 16 19 66 (Type or print) DEATH IF UNDER YEAR S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Doys Hours in Item 18. male white WIDOWED DIVORCED Sept. 9.1924 24 haurs Office 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR TI. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)
Truck Driver COUNTRY? Darlington Co., S.C.

14. MOTHER'S MAIDEN NAME II.S. d "pending" in pencil in Chief Medical Examiner's in any 13 FATHER'S NAME pencil This certificate shauld be executed within Richard Hanev Lula Revnolds 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Sarah Ann McInnis -Hartswille, removal Unkown NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic and hypertensive cardiovascular or please execute the certificate, writing the ward crematian, disease DUE TO Conditions, if ony, which gove 4 shauld be farwarded ta rise to immediate couse (a), DUE TO 0 stoting the underlying couse g burial, ( 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES 3 NO. designated agent, prior ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY ☐ or CONTRIBUTING ☐ MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page at work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry [ and in my apinian death resulted fram: Natural causes x Accident Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Werner U. Spitz, M.D. 5/17/66 Health Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 0 , SouthCarol BREMOVAL (Specify) Hartsville 5/20/1966 Magnolia Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Funeral Home, Inc .- La Plata, Md. VR A15ME (5) 6M 1/66

de de la companya de Manufer - I want to be the second THE TANK THE THE THE PARTY OF T

06846 06853 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 YES KNO T NAME OF First Middle 4. DATE DECEASED OF DEATH 2210 (Type or print) 196 9. AGE (In years last birthday) 7. MARRIED THEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE Months Dovs Hours WIDOWED DIVORCED [ O yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, lEnter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) a. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from. ... 19 .....that I last saw the deceased and that death accurred at\_\_\_\_ M, fram the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d TODATION (City, town, or county) REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARRIN			WHEN A
	HIAGO TO STADIN		Mark I
			Septem 1
			TENTE
			APPLY C
			1
	and the state of t		
			Mesta .
		STATE SALLY	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06847 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page Jo. Charles deoth MARYLAND Maryland Charles deloy 3 Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b and ofter Pisgah Md aldorf Passing Through d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS hours form None 00 ate YES NO TH Give Pages after death. ong with NAME OF Middle 4. DATE 22 First Lost Month Doy Year DECEASED James L. Luttrell 5-29-66 19 DEATH IF UNDER 24 HRS. S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthdoy) Months Dovs Hours 4-2-1917 Male W-US WIDOWED DIVORCED 24 hours in Item 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY Wanchester Va. COUNTRY? Ony Operating Engineer IIS GOVT GSA pages d 'pending' in pencil ii Chief Medical Examiner' 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carey H. Dix pencil be executed within .= Roy H. Luttrell File puo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. removal, (Yes, no, or unknown) ((If yes give wor or dates of service) 577-05-3849 Mary Milstead -Daughter Indian Head MIDDIERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) buriol-tronsit PART I. DEATH WAS CAUSED BY Coronary Occlusion Massive 10 IMMEDIATE CAUSE (o) This certificate should e certificate, writing the word should be forwarded to the Ch 260X cremotion, DUF TO Conditions, if ony, which gove Arterio Sc:Sclerosis Indefinite rise to immediate couse (o), DUF TO stoting the underlying couse 0 Indefinite used as buriol, a OS lost Diabetis Melitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? pleose execute the certificate. NO 3 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. agent, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection [7] Inquiry 77 and in my opinian director. death resulted fram: Natura causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUA 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 5-29-66 O **EXAMINER'S** James .Andrews ro FUNE Health NAME Rype Address (Street, city, town, or county) 23d. LOCATION (City or Town) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR GREMATORY 23b. DATE THEREOF (County) (Stote) REMOVAL Specify EMORIAL 24. FUNERAL DIRECTOR VR A15ME (5) TUNERAL HOME MALDORF, MD 6M 1/66

INTERESTINATION OF THE PROPERTY OF THE PROPERT AND RESIDENCE OF THE PROPERTY OF THE PARTY OF THE FIGURE AND A CAMPAGE AND

(NA)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
Y	96855 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06848
EPT.	DEATH     O. COUNTY     DEATH     D	e befare admission)
(C)	CHARLES MARYLAND MARYLAND CHARLES	
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give write RURAL and give nearest town)  c. CITY OR TOWN (If outside carparate limits, write RURAL and give	nearest tawn)
29 after	LA PLATA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	58. /
62	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  PHYSICIANS MEMORIAL HOSPITAL	e. IS RESIDENCE ON A FARM?
GOX 3	3. NAME OF First Middle Lost 4. DATE Manth	YES NO
	DECEASED OF OF DEATH 5	7 1966
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE, OF BIRTH ? 9. AGE (In years I FUNDER )	YEAR   IF UNDER 24 HRS.
	Male   Colored   WIDOWED   DIVORCED   3 / 22 / / 6 6 WIS	Doys Hours Min.
1	.0a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign country) 12. CITI	IZEN OF WHAT
	LA THATA, M.D.	U.S.A.
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	13/1-
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	YLES
(	(Yes, no, proknawn) (If yes give war ar dates of service) NONE MARY ANN LYLES - MOTHER	n 1.DIT
(	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL DETAILS
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Uremia Prelone of the lates and the lates are the lates and the lates are the lates and the lates are the	ONSET AND DEATH
	1571 DIF TO	
	Conditions, if ony, which gave is to immediate cause (o), (b) Congenital polycystic renal disease	
	stoting the underlying cause DUE 10	
	(c)	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
7 3	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	YES X NO
2 CEDITION	PRIMARY ar CONTRIBUTING CAUSE OF DEATH.	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour a.m. While Not While factory, street, office bldg., etc.)	nty) (State)
M	p.m. 17 of wark 🗀 af work 🗀	
	21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry ,	ond in my opinion
	deoth resulted from: Notural causes X, Accident , Suicide , Hamicide , Undetermined monner	
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
2	EYAMINEDIS DEPUTY MEDICAL EXAMINER	5-9-66
L	NAME (Type) RUSSELL S. FISHER, M.D. Address (Street, city, tawn, or county)	3-9-00
2		County) (State)
,	BURTAL DITTO SACRED HEART CEMETERY LA L'IAT	AMA
	24. FUNERAL DIRECTOR ADDRESS DA WAY 16 1966 25h BEGISTRAR'S SIGNARY OF THE PROPERTY OF THE PRO	GNATURE GUAGE
(A)	TAU SAN TOWN II IN ADDA A S	

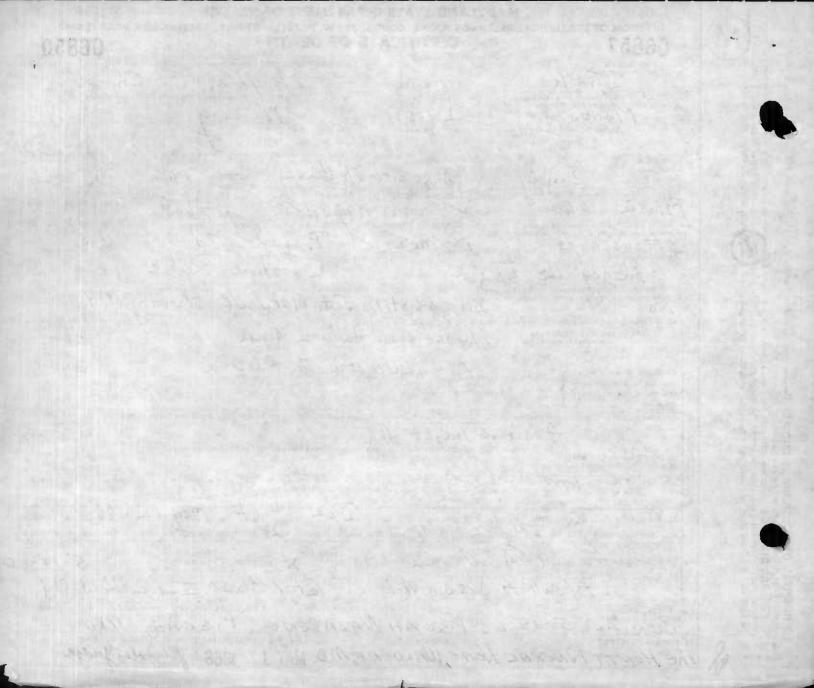
Item 18 Film G378 7/20/6MARYLAND STATE DEPARTMENT OF HEALTH

2011 The Charles of the Control of the Co The state of the s

	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	06856 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06849
HEALTH DEPT.	1. PLACE OF DEATH /   2. USUAL RESIDENCE (Where deceased lived, If Institution; Designace before admission)
	MARYLAND MARYLAND MARYLAND
s necessary the funeral e 5 may be Department	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
nece he fi 5 m 5 m epar ter (	d. WARME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS   e. IS RESIDENCE
Page 5 n tate Department after Departmen	ON A FARM?  YES NO
9 D S Z	3. NAME OF First / / Middle / S/Last   4. DATE Month Day Year
any d 2, an PM3.	(Type or print) (C) CAH MANCH (H) (H) SHALL DEATH S 1966
ges 1, form Form Form Faith	6. COLOR OR RACE MARRIED NEVER
er death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign gountry)  12. CITIZEN OF WHAT COUNTRY2
- C5 No.	NORSE ALST
urs 118 alc page in a	JAMES, V. MARSHALL MOTHER'S MAIDEN NAME TAHLIS
4 = # E B	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes give war or dates of service)
within 2 pencil in miner's 0 permit. I removal,	VOS U.S. WWIII A VILIAN. U. PRAPARSHAIL. /VIARY/AND
ited withi in pencil Examiner's sit permi	18 CAUSE OF DEATH [Enter only one cause per the for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
g", g	8 16 OUE TO DA A A A A A A A A A A A A A A A A A A
	Conditions, if any, which gave rise to immediate (b)
should be word "pel Chief Med as a buri rial, crem	cause (a), stating the DUE TO
	(6)
certificate iting the led to the led to the ld be used prior to bu	YES NO
R: This certifica cate, writing th forwarded to to 3 should be us agent, prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION
E St St H	
EXAMINER: This cer certificate, writin fould be forwarded les. R: Page 3 should b signated agent, pric	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Factory, street office bidg., etc.)  D.m. J. S.
P. Id	21. I certify that I took charge of the remains described above held an Autopsy , Inspection , Laquiry , and in my opinion
1 6 2 th 5 8 8	death resulted from: Natural causes   Accident   Suicide   Nomicide   Undetermined manner   CHIEF MEDICAL EXAMINER
you you its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
5000	EXAMINER'S STORY DE LEAS DE LEAS STORY STO
00247	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
To F direction of the state of	24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME	Tobusan Funcion Pages MAY 24 1966 yourses Jusque
3500 4-64	Tolling I well I I ale 1 10 ale 1 10 ale 1 10 ale

AND THE PERSON NAMED IN CONTRACTOR OF TH ALL CONTROL OF THE STATE OF THE

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporete limits, write RURAL and give neerest town) write RURAL pad give neerest town) drbusu d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 4. DATE 3. NAME OF Day Month DECEASED DEATH (Type or print) 19 6. COLOR OR RACI AGE (In years | EUNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey Months Hours WIDOWED T 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) 6STIC 14. MOTHER'S MATTDEN NAME 13. FATHER'S NAME (Yes, no, of unknwn) | (If yes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: a de IMMEDIATE CAUSE (e) DUE TO Arterioscher othe Hos Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING [] DESCRIBE HOW INJURY OCCUPED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 (County) (State) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from... 19.66, and that death occured at P.M, from the causes and on the date stated above. saw the deceased alive on ... Uldy 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 23e. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LORATION (City, town or county) (Stete) REMOVAL (Specify) 5 L GAH P 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06858 06851 DFPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY 2, and 3 to PM3. Page b. COUNTY af MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Viava Waldorf Watdor d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with the State Dep within 72 hours a Give Pages 1, Box 424 00 Box 424 YES NO T This certificate should be executed within 24 hours after death. 3. NAME OF Middle 4. DATE Last Day Year DECEASED PEERY May ARLENE (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In year) NEVER MARRIED Months in Item 18. Jan. 8.1923 WIDOWED DIVORCED 11. BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during Host of working the even if retired) USA. Home Smithers W. Va. 4 should be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil \_ Bernard Smith Beulah Scaggs and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, Nunknawn) (If yes give war or dates af service) ar remaval, 234-20-5973 Mr. Donald Perry- Husband-Waldorf, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) the certificate, writing the ward burial, crematian, DUE TO Sm of Circle of Willis Conditions, if ony, which gave rise to immediate couse (a), DUE TO D stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO agent, priar to e 20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 11 af item 18.) 3 should AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) factory, street, affice bldg., etc.) 5 may be retained far yaur 10 FUNERAL DIRECTOR: Page Nat While at work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . ond in my opinion the funeral director. deoth resulted from: Notural couses . .Suicide Homicide | Accident Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY **EXAMINER'S** Spitz. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BHOYAL (Spedily) /1966 . West Virg Cunningham Mem. Park St. Alban's ADDRESS West Virginia D BY REGISTRAR South Charlest MAY 11 1966 24. FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE VR A15ME (5) Snodgrass Funeral Home South Charlest 6M 1/66

12830

The second section of the second section of

A plant and a section of a single self.

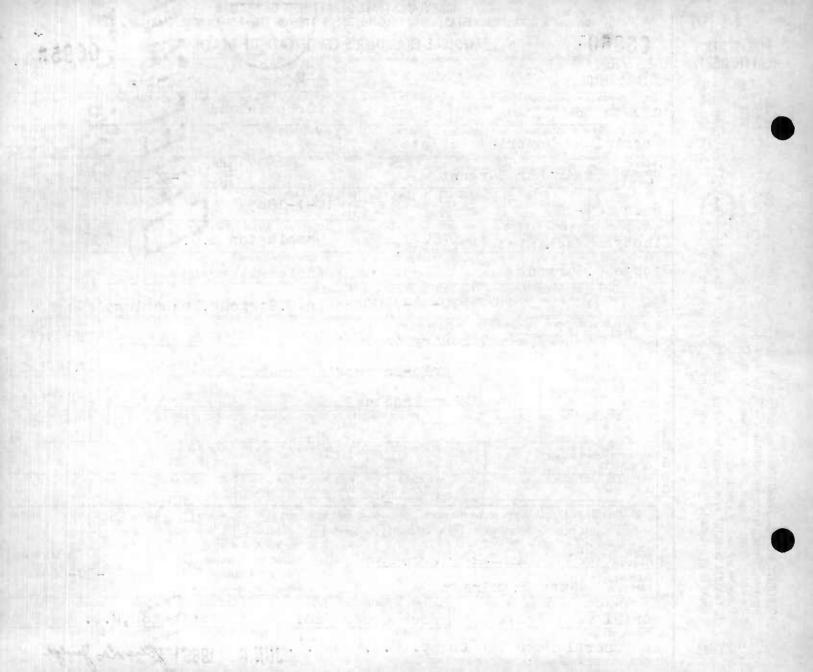
And Liver and Liver and Liver and the control of th

LITH GOLO Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06853 06852 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY delay is and 3 to Page MARYTAND of death. CHARLES MARYLAND Deportment b. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b PM3 after ( BALTIMORE - PERMIX 30-4 Plata 1,3 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Physician's Memorial Give Pages 219 S. ROBINSON ST. ote YES 🗍 NO after death. alang with NAME OF First Middle Last 4 DATE Month Dov Year DECEASED with the 1966 Type or print) ANNA PRILLER 17 Mav DEATH SEX 6. COLOR OR RACE 7. MARRIED AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Item 18. Dovs Hours July 29, 1922 WIDOWED DIVORCED 24 hours Office WHITE FEMALE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Baltimore, Maryland the certificate, writing the word "pending" in pencil in 4 should be farworded to the Chief Medical Examiner's paged in an 13. FATHER'S NAME DICAL EXAMINER: This certificate should be executed within 14. MOTHER'S MAIDEN NAME Charles Osusky Anna Cechotovsky File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknawn) (If yes give war ar dates af service) or removal, 213-12-6496 Frederick Priller 219 S. Robinson Street 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY Massive intrapulmonary hemorrhage and edema ONSET AND DEATH IMMEDIATE CAUSE (o) (etiology undetermined) writing the word used as o buriol-tru burial, cremation, DUE TO Canditions, if ony, which gave (b) rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, YES X NO 0 pe 20o. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) ogent, prior 3 should CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yeor 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Poge of work ot work designoted 21. I certify that I taak charge of the remains described above, held an Autopsy ICI. Inspection Inquiry | and in my apinion the funeral director. Natural couses A. Suicide 1 death resulted from Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Y SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER 5-18-66 **EXAMINER'S** Rudiger Brietenecker, M.D. Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify)
Burial Baltimore, Maryland 5-21-1966 St. Stanislaus 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Lilly & Zeiler Inc. VR ATSME (503) 1901 Eastern Avenue 1966 Williamen 6M 1/66

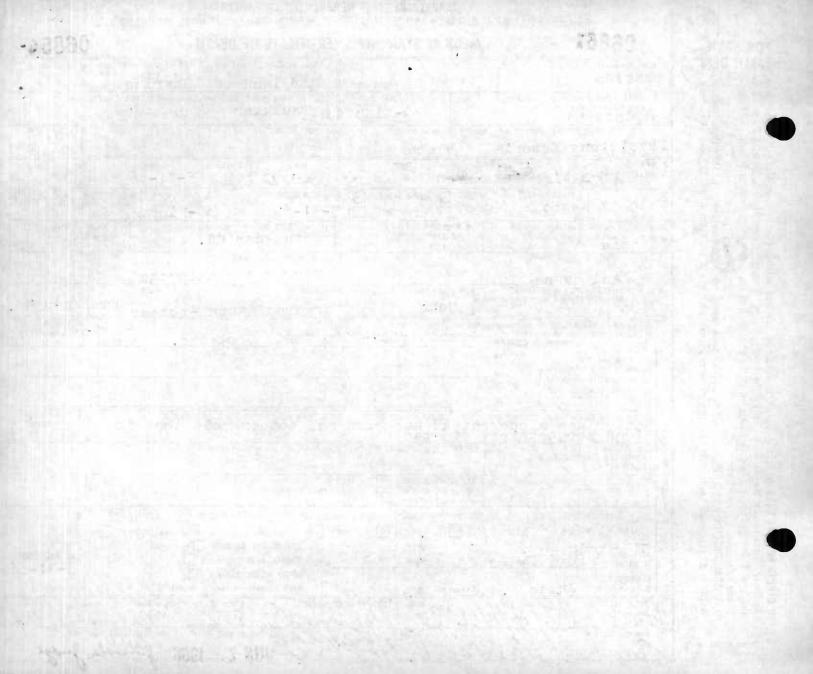
. I professor to professor The following State of the same and the same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06860 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence be Maryland Charles Charles death. MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b and La prite RURAL and give nearest town) Cobb Island after d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs alang with farm Give Pages 1, Physicians Memorial LaPlata Md YES NO XX 3. NAME OF Middle 4 DATE Inst Day Year DECEASED Sargent a Arthur OF 5-30-66 19 DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED 0-1-1983 last birthday) Months Doys Hours in Item 18. Male W-US WIOOWED DIVORCED 24 haurs Office 11. BIRTHPLACE (Stote or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT P dusing most of working life even it retired) Linotype Machinist INDUSTRY Washington D.C. COUNTRY? pages I Chief Medical Examiner's Printing 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within George W. Sargent Annie Wilkerson File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. removal, (Yes, na, or unknown) (If yes give war or dates of service) 220-44-7500Arnold F. Sargent, Mechanics ville Md. pending NO INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY burial-transit Inned Parte 10 IMMEDIATE CAUSE (a) Coronary Occlusion writing the ward shauld 4201 crematian, DUF TO Indefinite Conditions, if ony, which gove Arterio-Sclerosis General (b) rise to immediate cause (a). DUF TO This certificate stating the underlying cause 0 shauld be farwarded Indefinite Process burial, nsed 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate. NO pe 9 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) prior 3 should OTCAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. Not While foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinian death resulted from: Natural causes XI. the funeral directar. Accident Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-30-66 DEPUTY MEDICAL EXAMINER KK 0 **EXAMINER'S** James E. Andrews Health Address (Street, city, town, or county) NAME (Type 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) 0 BUT 1 (Specify) 6/3/66 Washington, D.C. Rock Creek Cem. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL OIRECTOR Lee Funeral Home 3004th St. N.E. Wash.D VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06861 06854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Maryland OHEWAY PS b. CQUNTY PM3. Poge 0 **MARYLAND** Charles deloy ond 3 c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 16 LaPlata Md Faulkner after 30-Minute d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form e State Del De Give Pages 1, Physicians Memorial LaPlata Md YES X X NO NAME OF 4 DATE Lost Doy Year DECEASED the SWANN 5-31-66 within (Type or print) 19 DEATH SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years NEVER MARRIED 30-Minrs. Male Months Hours Doys Negro 5-31-66 WIDOWED DIVORCED hours tem 1 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Faulkner COUNTRY? Md. = None None within 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME 9 Margeret Washington File Swann pup Paul 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address This certificate should be executed permit. (Yes, no, or unknown) (If yes give wor or dates of service) removal Faulkner None Margeret Swann -Mather No 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) INTERVAL BETWEEN buriol-transit SONSET AND DEATH PART I. DEATH WAS CAUSED BY: Prematurity-Five Month Gestatio. D IMMEDIATE CAUSE (a) writing the word used os o buriol-tr buriol, cremotion, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Mother was alone chilsd was born and mother said that
Lived about thirty minutes 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO pe priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page of work ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 7 Inquiry X and in my apinian death resulted fram. Natural couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-31-66 O DEPUTY DEPUTY MEDICAL EXAMINER 0 EXAMINER'S NAME/Type) James Address (Street, city, town, or county) Andrews 23c/ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d. XOCATION (City or Town) 0 PEMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S REC'D BY REGISTRAR MGNATURE VR ATSME NOT 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



2		1 2/	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR				
A CONTRACTOR OF THE PARTY OF TH	4	- 5 V	1	06862 CERTIFICATE OF DEATH	06855		
	24 hours after death.	e fuer	1	PLACE OF DEATH  a. COUNTY  AZY  AZY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE  AZY  AZY  AZY  AZY  AZY  AZY  AZY  AZ	Residence before admission		
	rs afte	by th Pages irs aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	AL and give nearest town)		
	4 hou	filled in papers. in 72 hou	-	d. NAME OF HOSPITAL OR INSTITUTION OF not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
		ely fill no partithin	$\frac{2}{3}$	NAME/OF First Middle Last   4. DATE / Month	YES NO Day Year		
	d with	completely ve carbon event, with		OEGRASED (Type or print) JAMES REEDER WILLIAMS DEATH WILLIAMS	3 1966		
	executed within	and co remove any ev	5	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IPUND) last birthday) Months  WIDOWED DIVORGED NICHE 20 1890 75 yrs.	ER 1 YEAR IF UNDER 24 HRS s Days Hours Min.		
	11	nding physicial and completely filled in Then please remove carbon papers. removal, and in any event, within 72 h	10 de	a. USUAL OCCUPATION (Give kind of work done if retired)  10. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. Information of working life, even if retired)  11. BIRTHPLACE (County & State, or foreign country) 12. Information of the property of	GITIZEN OF WHAT COUNTRY2		
	tificate	g physhen pl	1	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME	71-		
	requires that the death certificate be	he attending p permit. Then Ition, or remov	5	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (s., no, -or unkown) (Lives give war or dates of service)  (Lives give war or dates of service)  (Lives give war or dates of service)	ughesyich		
	the de	sit sit	7	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH		
	s that	igned rial-tra rial, cr		IMMEDIATE CAUSE (Malignan) my assass one fat domen			
	law requires that t	been s the bu		Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO			
	The law or atten	te has use as lith pric	ATION	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10.	PERFORMED?		
	** 60		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of item : DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)		
	NG PHYSICIAN by the hospit	er this e detaclate	MEDICAL		County) (State)		
	NDIN	0 00	2	21. I certify that (I) (this hospital) attended the deceased from, 19, 19, 19, 19, 19, 19, 19	, that (I) (we) las		
	OR ATTENDI	SECTOR: Al 3 should with the S		saw the deceased alive on	the date stated above		
	L OR	DIRE age	/	James M. Jadelley M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 15	-5-66		
	Page 4 may	o FUNERAL DIRECTOR: director, page 3 shoul should be filed with th		PASSICIAN'S Tames M. Fadley M.D. Janword Clinin, La	Plata me		
	TO H	TO FL dire shou	23	Burial Cremation, 23b. Date thereof 23c. Name of cemetery of crematory 23d. Location (City, Jown or Cremoval (Specify) 5-6-66 St. Mary 8 Bry 3n Town	county) (State)		
	V/R	A15 (4)	6	Le Hunt Hungal Home Waldorf Heb 25a. REC'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE		
		1/65	7	I DAMAI 3 1300 A			

